



Dan Bucks
Director

Montana Department of Revenue



Brian Schweitzer
Governor

November 18, 2008

RE: Application for Issuance of One Original (New) Montana All-Alcoholic Beverages with Catering Endorsement License to be used at FLYING PIG CASINO, 114 West Main Street, Victor, Ravalli County, Montana

NEWLY LICENSED PREMISES

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

This is an application for a new premises; a premises not currently licensed for the consumption of alcohol. Building, health and fire approval will be required before department approval will be considered. If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by December 18, 2008. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled.

If you have any questions, please call (406) 444-0717.

Sincerely,

Jason R Lay
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712

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Ravalli County Commissioners

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c: Annette Rinehart, Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 18th day of November, 2008, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

**RAVALLI COUNTY COMMISSIONERS
COURTHOUSE
205 BEDFORD ST #5001
HAMILTON MT 59840**

RAVALLI COUNTY ATTORNEY
GEORGE CORN
COURTHOUSE
205 BEDFORD ST. #5008
HAMILTON MT 59840

**RAVALLI COUNTY SANITARIAN
215 S 4TH ST STE D
HAMILTON MT 59840**

RAVALLI COUNTY SHERIFF
PERRY JOHNSON
205 BEDFORD ST #5022
HAMILTON MT 59840

**ADMINISTRATIVE ASSISTANT
FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201415
HELENA MT 59620-1417**

**KEITH FLETCHER, SUPERVISOR
BUILDING STANDARDS SECTION
BUILDING CODES SECTION
PO BOX 200517
HELENA MT 59620-0517**

James B. Long

Check the Appropriate Boxes to Designate the Purpose of this Application

Alcoholic Beverage

- ☒ New Alcoholic Beverage License Application
☐ Existing Alcoholic Beverage License; Transfer of Ownership Application
☐ Existing Alcoholic Beverage License; Corporate Structure Change
☐ Existing Alcoholic Beverage License; Transfer of Location Application
☐ Existing Alcoholic Beverage License; Death of Licensee

Designate the Type of License of Your Application:

- ☐ On-Premises Beer
☐ On-Premises Beer/Wine
☒ All-Beverage
☐ Restaurant Beer/Wine
☐ Resort License

Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

☒ New Gambling

- ☐ New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.
☐ Amended Gambling License Application (Note: No fee is required for this application)
☐ Existing Gambling License Change Among Existing Corporate Shareholder(s)
☐ Existing Gambling License Change Among Existing Partners or LLC/LLP Members
☐ Existing Gambling License Deletion of Owner(s)
☐ Existing Gambling Location Change Application
☐ Existing Gambling License Type Change Application
☐ Other (Explain) _____

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Section I

General Information

OCT 22 2008

GAMBLING CONTROL DIVISION

Print or Type

Name of Applicant Flying Pig Corporation

(Owning entity such as Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name Flying Pig Casino

(An assumed business name must be filed with the Secretary of State and verification provided.)

Mailing Address P.O. Box 2131 Hamilton, MT 59840

(P.O. Box or Street)

Address of Premises to be Licensed 114 West Main Street

(Street, Suite No., Building No.)

City Victor

State Montana

Zip 59859

Business Phone () _____

Cell Phone (928) 580-9577

Fax () _____

Federal Tax I.D. Number _____

☐ Check If applied for but not yet received.

Alcohol Beverage License Number _____

N/A

(N/A if not applicable)

Are the premises for licensing located:

- ☐ Within the boundaries of an incorporated city/town (Gambling Licensing.)
☐ Within a distance of five miles of an incorporated city/town (Alcoholic Beverage Licensing.)
☒ Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Alcoholic Beverage Licensing.)

Victor

In County of Ravalli

City Name

County Name

C. Provide the information requested below for each: Check appropriate box (Use additional paper if necessary)

- | | |
|--|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business |
| <input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Liability Company (Member of...) | <input type="checkbox"/> Check this box if ownership in the alcoholic beverage license is also held as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below. |
| <input checked="" type="checkbox"/> Officer of a Corporation | <input type="checkbox"/> JTROS or <input type="checkbox"/> TEN COM |
| <input checked="" type="checkbox"/> Director of a Corporation | |
| <input checked="" type="checkbox"/> Shareholder of a Corporation | |
| <input type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation | |
| <input type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 28 U.S.C. 501 (c)(3), (c)(4),(8) or (c) (19) organization | |

Name (First, M.I., Last)	Thomas A. Fox	Title	Officer, Director, Shareholder
Date of Birth	3-29-1969	Social Security No.	[REDACTED]
Address	P.O. Box 2131 Hamilton, Montana 59840	Number of Shares	10000
		Percentage of Ownership	100%
Name (First, M.I., Last) _____ Title _____			
Date of Birth _____ Social Security No. _____ Number of Shares _____			
Address _____ Percentage of Ownership _____			
Name (First, M.I., Last) _____ Title _____			
Date of Birth _____ Social Security No. _____ Number of Shares _____			
Address _____ Percentage of Ownership _____			

Note: Each individual listed above must submit with this application a Personal/Criminal History Statement (Form 10) and a completed Fingerprint Card and fee. Use additional sheet of paper if necessary.

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of alcoholic beverages and/or gambling. ☒ Yes I do not request smoking exception. ☐ No

D. Charitable, Religious, Veterans' or Fraternal Organization

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: ☒ N/A

Date qualified for exemption under 28 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):

Month _____ Day _____ Year _____

Date local charter issued or post organized:

Month _____ Day _____ Year _____

Has national organization been in existence for a period of five years prior to January 1, 1949? ☐ Yes ☐ No

Provide Address of National Headquarters:

Street Address _____

City _____ State _____ Zip _____

A copy of your organization or post charter must accompany this application.

Location of Gambling Premises:

Street Address _____

City _____ State _____ Zip _____

How many days, per year, is gambling conducted at this location? _____ Days

C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
☐ Yes ☒ No
2. Where gambling is restricted by city or county zoning ordinance?
☐ Yes ☒ No

D. Is the building ready for use for an alcoholic beverage business: ☒ Yes ☐ No

1. Is this a newly constructed premises?
☒ Yes ☐ No If Yes, indicate an estimated date of occupancy immediately
2. Is this a remodel of an existing premises?
☐ Yes ☒ No If Yes, indicate an estimated date of completion _____

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon.

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, alcoholic beverage license number (if applicable) and date of submittal.

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Section VII

OCT 22 2008

Declaration and Affidavit

GAMBLING CONTROL DIVISION

I declare under the penalties of false swearing and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation mailing this application and that I examined the application, including any accompanying information, and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

STATE OF MONTANA

County of Missoula

Flying Pig Corporation (by Thomas A. Fox, President) being duly sworn, if for himself or herself, deposes and says, that he/she is the applicant above named; or that he/she is President of the above named corporation; that he/she has read the foregoing application and attachments and that he/she knows the contents thereof, and that all matters and things therein set forth are true and correct.

Thomas Allen Fox
Print Full Name

Thomas Allen Fox
Signature

05/16/08
Date



TODD O. OLSON
NOTARY PUBLIC-MONTANA

Residing at Missoula, Montana
My Comm. Expires July 1, 2010

On this 16th day of May 20 08

Personally appeared Thomas A. Fox

Before me a Notary Public for the State of Montana

Todd O. Olson (Notary Signature)

(Print Name of Notary)

My Commission Expires _____ (Month, Day & Four Digit Year)

This application must be completed in full, and all requested attachments must accompany it. Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the
Investigation of Your License Application